

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

December 6, 1991



ALL-COUNTY LETTER NO. 91-123

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: JANUARY 1992 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE - RSDI) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM - SSI/SSP) COST-OF-LIVING ADJUSTMENTS (COLA) AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL

This All-County Letter (ACL) is to provide you with the following:

- o Instructions regarding automating the RSDI increases for affected income eligible IHSS recipients.
- o Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases with Link 1, 2, 3, 4 or 5 in Field I2 of the form SOC 293.
- o Instructions regarding forms and listings.
- o 1992 SSI/SSP benefit levels.
- o Changes of amounts to be used when manually completing the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

A. RSDI Increases

1. All SOC cases that have been automated by the CMIPS and have a Code 1 (RSDI) in Source Field I4, J1, J2, K1 or K2 will have that amount increased in the corresponding Income Field by 3.7 percent.

To facilitate automation of RSDI we are making two assumptions:

- o That the current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA);

- o That the current entry in the Source Field(s) is the gross amount - which includes the Medicare Part B premium for those persons who must pay their own premium. (Effective January 1, 1992 that premium increases to \$31.80 from \$29.90.)

The computation will produce the RSDI benefit amount to be used in automating the January 1, 1992 SOC. (Example: the current benefit amount is \$438.00, multiplying by 1.037 equals \$454.21; rounding down to the nearest dollar equals \$454.00.)

2. It should be noted, as in previous years, the SSA applies the COLA to the actual, rather than the rounded benefit amount. This may result in a \$1.00 discrepancy in the RSDI benefit for some beneficiaries and a \$1.00 understated SOC.

In order to avoid the unnecessary expense of recomputing every case subsequently identified as having an incorrect SOC solely due to the RSDI COLA automation, Counties are authorized instead to correct the SOC at the time of the next eligibility redetermination or when an income change is reported. This delay in correcting a SOC does not result in a collectable overpayment.

B. SSI/SSP Benefit Levels

1. The July 1991 State of California Budget Act precluded any SSP COLA for the calendar year 1992; however there is a 3.7 percent SSI COLA which does change the SSI/SSP benefit levels effective January 1, 1992.
2. The SSI COLAs impact allowances for non-eligible children and spouses/parents that are considered in share of cost deeming procedures. Those changes are reflected on the forms SOC 294A and SOC 294C share of cost worksheets.

C. Share of Cost Cases

1. All automated IHSS income eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have an SOC adjusted January 1, 1992 because of Social Security increases. However, any case with an end date in Field ZZ4 of December 31, 1991, or earlier, cannot be automated. As we have experienced each time there is an automated procedure in CMIPS, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment.

Regardless of the cause, for those cases that are not automated, an alert message will print on the monthly "Warning Message Alert List" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not January 1st"

2. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their RSDI and SOC computation. Based on these COLA adjustments, SOC's will be changed for all affected IHSS recipients. The message (number 353) will read:

"The change in your IHSS Share of Cost shown above is effective _____ because of cost-of-living adjustments to SSI/SSP benefit levels and to the social security payments available to you which are \$____, \$____, and \$____.

"If the Social Security amount you receive is different than reported here, contact your service worker within ten calendar days. MPP Section 30-755.233."

3. The automation of SOC cases is scheduled to be run December 17, 1991, so that we can meet the timelines for NOAs. Any changes or new cases added to the CMIPS after that date should use the following procedure so correct segments on form SOC 293 lines MNO can be built:

o Turnaround Document (TAD) #1:

- enter appropriate data for 1991 SOC fields and wait for the next turnaround document to enter 1992 data;
- a NOA will be generated containing the usual SOC message(s).

o TAD #2:

- enter 01/01/92 in SOC Field I1;
- enter corrected RSDI income in Source/Income Field I4, J1, J2, K1 or K2 (1.037 x 1991 amount rounded down to the nearest dollar);
- the CMIPS will recompute the correct SOC;
- a NOA will be generated containing the usual SOC message(s).

4. SOC cases that are not updated may result in the IHSS recipient paying a SOC which exceeds or is less than his/her liability. County Welfare Departments (CWD) will be responsible for making reimbursement to or collecting overpayments from those persons so affected.

D. Forms and Listings

1. Turnaround documents will be generated on all automated IHSS income eligible cases - both forms SOC 293 and SOC 311. These will have an identifying message on the top which will read "Share of Cost COLA 1992." There will also be NOAs generated which will have the message as displayed under C2. above.
 - o Only those cases that have an identical SOC reflected on both the form SOC 293 Share of Cost Field M6 and the form SOC 311 Share of Cost Field F5 will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and the provider document SOC 311 must be manually changed.
 - o We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income Field I4, J1, J2, K1 or K2; however, for ease in identifying those cases, a separate listing will be provided at the bottom of the County Exception List.
 - o We are not able to automate the RSDI increase for a spouse - which may affect the recipient's SOC - because the CMIPS is not coded to differentiate that income source; however, all cases impacted by the SOC automation will have a dollar sign (\$) by the name on the Monthly Characteristics Listing and Office Caseload Listing which may be used as a reminder to validate any change in a spouse's income.
2. All TADs and NOAs will be printed at the printer sites by on-line Counties; non-printer site Counties will have documents printed by EDS and mailed to the recipient and County, as appropriate.
 - o Please plan printing needs by ordering forms SOC 293, SOC 311 and NA 690 if necessary.
 - o Please do not delay printing and mailing the NOAs on December 18, 1991; the printing of the SOC 293 and SOC 311 TADs may be delayed for one or two days to suit the convenience of the County.

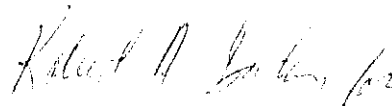
E. Benefit Levels

1. Attachment A to this ACL is the 1992 SSI/SSP Payment Standards.
2. Attachment B is a copy of the corrected page for the IHSS-CMIPS User's Manual pages V-A-17 through V-A-19 which will be distributed to Counties to update their CMIPS/IHSS User's Manuals. This information has been incorporated into the CMIPS SOC automation feature.

F. SOC 294A and SOC 294C

1. Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). This information has been incorporated into the CMIPS SOC automation feature.
 - o SOC 294A (Attachment C)
 - change allowances in Column B, row 2a to \$211.00;
 - change allowances in Column B, row 6 to \$211.00.
 - o SOC 294C (Attachment D)
 - change allowances in Column A, row 2a to \$211.00;
 - change allowances in Column A, row 6b(1) and 6b(2) to (1) \$844.00 and (2) \$1,266.00, respectively;
 - change allowances in Column A, rows 7b and 8i to (1) \$422.00 and (2) \$633.00, respectively.

Questions regarding CMIPS procedures should be addressed to Roberta Christensen at (916) 657-2155 or ATSS 8-437-2155.


LOREN D. SUTER
Deputy Director
Adult and Family Services

Enclosures

cc: CWDA

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATES GRAPH
NOVEMBER 1991
NOVEMBER 4, 1991

SSI/SSP PAYMENT STANDARDS
ACTUAL SSI/SSP PAYMENT STANDARDS - JANUARY 1 THROUGH DECEMBER 31, 1992
(Does not include a State COLA.)

CPI: 5.49% (a)
CPI: 3.70% (a)

PROGRAM	INDEPENDENT LIVING ARRANGEMENTS			REDUCED NEEDS			RESTAURANT MEALS			NON-MEDICAL BOARD AND CARE		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	645.00	422.00	223.00	511.34	281.34	230.00	713.00	422.00	291.00	724.00	422.00	302.00
BLIND	719.00	422.00	297.00	585.34	281.34	304.00	NA	NA	NA	724.00	422.00	302.00
DISABLED HEAR	514.00	422.00	92.00	380.34	281.34	99.00	NA	NA	NA	724.00	422.00	302.00
CUPLE:												
AGED OR DISABLED	1170.00	633.00	537.00	987.33	422.00	565.33	1326.00	633.00	693.00	1441.00	633.00	808.00
BLIND	595.00	316.50	278.50	474.67	211.00	263.67	663.00	316.50	346.50	720.50	316.50	404.00
DISABLED HEAR												
RELND												
AGED OR DISABLED	1385.00	633.00	752.00	1194.33	422.00	772.33	NA	NA	NA	1441.00	633.00	808.00
BLIND	697.50	316.50	381.00	597.17	211.00	386.17	NA	NA	NA	720.50	316.50	404.00
DISABLED HEAR												
RELND/AGED OR												
DISABLED												
AGED OR DISABLED	1318.00	633.00	685.00	1117.33	422.00	695.33	NA	NA	NA	1441.00	633.00	808.00
BLIND	659.00	316.50	342.50	558.67	211.00	347.67	NA	NA	NA	720.50	316.50	404.00
DISABLED HEAR												
RELND												

TABLE XIX MEDICAL FACILITY

NON-MEDICAL BOARD AND CARE

Total 442
SSI 30
SSP 12

Total \$724
Board and Room 309
Care and Supervision Minimum: 266 Maximum: 330
Personal & Incidental Needs Maximum: 149 Minimum: 85

Field I4, J1,

J2, K1, K2 SOURCE/INCOME/DEDUCT - Optional, Numerical

Length: 1, 7, 7, Format: X, XXXX.XX, XXXX.XX

Description: Source/income/deduct -

- A. This field is required for automated share of cost computation.
- B. Source of recipient's, spouse's, parent(s) gross income - enter appropriate code.
 - 1 - Retirement, Survivors, Disability Insurance (RSDI) - Recipient
 - 2 - Veteran's administration - Recipient
 - 4 - Railroad retirement - Recipient
 - 5 - Other pension - Recipient
 - 6 - Other unearned - Recipient
 - 7 - Earned - Recipient
 - 8 - Unearned - Spouse/parent
 - 9 - Earned - Spouse/parent
- C. Income - Enter amount of gross income available to the recipient, spouse, parent(s).
- D. Deduct - Enter dollar amount of total income deductions other than the standard income exclusions.
 - 1. Standard income exclusions that are included in the automatic share of cost computation are:
 - \$20.00 Standard exclusion
 - \$65.00 Earned income exclusion
 - One half remainder of income - Earned income exclusion
 - \$211.00 Needs of children/non-linked spouse
 - \$844.00 or \$1,266.00 Allowance for earned income parent(s)
 - \$422.00 or \$633.00 Allowance for unearned income parent(s)
 - \$422.00 or \$633.00 Allowance for combination earned/unearned income parent(s)
 - 2. Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field.

NOTE: Refer to Special Instructions: Share of cost computation -SOC 293.

Field I5 COUNTABLE INCOME - Optional - Numerical
Length: 6
Description: Countable income - The sum of all net income available to
recipient.
A. For those recipients whose shares of cost are
automated, this field will be system generated, the
benefit level deducted and the share of cost field
system generated.
B. This field must be entered with the amount that has
been manually computed for those recipients whose
countable income is not automated to enable the
correct share of cost information on an automated
Notice of Action.

NOTE: Refer to Special Instructions: Share of cost computation -SOC
293.

Field J3 BENEFIT CODE/LEVEL - Optional - Numerical
Length: 2, 8, Format: XX, XXXXX.XX
Description: Benefit Level - The SSI/SSP benefit level used to
determine the recipient's share of cost.
A. For those recipients whose shares of cost are
automated, this field must have a two digit benefit
code entered.
B. This includes both recipients who have countable
income automatically computed or countable income
manually computed.
C. Enter the appropriate benefit code.
01 - Individual aged or disabled - Own home \$ 645.00
02 - Individual blind - Own home 719.00
03 - Individual disabled minor - Own home 514.00
04 - Individual aged or disabled - Household
of another 511.34

05 - Individual blind - Household of another	585.34
06 - Individual disabled minor - Household of another	380.34
07 - Individual aged or disabled - Independent living without cooking facilities	713.00
08 - Couple aged or disabled - Own home	1,190.00
09 - Couple both blind - own home	1,395.00
10 - Couple blind/aged or disabled - Own home	1,318.00
11 - Couple aged or disabled - Household of another	989.33
12 - Couple both blind-Household of another	1,194.33
13 - Couple blind/aged or disabled - Household of another	1,117.33
14 - Couple aged or disabled - Independent Living without cooking facilities	1,326.00

D. For a couple, both of whom are IHSS recipients and equally share their net countable income, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever advantages the couple. Enter that sum in I5. Enter the appropriate code below for the share of cost computation:

15 - Couple aged or disabled - Own home, per person	595.00
16 - Couple both blind -Own home, per person	697.50
17 - Couple blind/aged or disabled - Own home, per person	659.00
18 - Couple aged or disabled - Without cooking facilities, per person	663.00
19 - Couple aged or disabled - Household of another, per person	494.67
20 - Couple blind - Household of another, per person	597.17
21 - Couple blind, aged or disabled - Household of another, per person	558.67

ATTACHMENT IHSS INCOME ELIGIBILITY – ADULT

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*	\$	\$
a	\$		2. Allowance for children not blind or disabled.		
b.	\$		a. Children's needs \$ 211 \$ 211 \$ 211		
c.	\$		b. Children's income* \$ \$ \$		
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a — b) \$ \$ \$		
3. Any income exclusion	\$20		d. Total allowance (add B2c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5) — If equal to or less than \$ 211 A15 is entered in C — If greater than \$ 211 , complete B7 through B20		
8. Total exclusions (A6 plus A7)		\$			
9. Remaining earned income (A5 minus A8)		\$			
10. Net earned income (A9 x ½)		\$			
11. Other earned income deductions		\$	7. IHSS client's income (From A2 and A5)	\$	\$
12. Total net earned income (A10 minus A11)		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
13. Total countable income (A4 plus A12)	\$		9. Any income exclusion	\$20	
14. SSI /SSP payment level	\$		10. Net unearned income (B8 minus B9)	\$	
15. IHSS share of cost (A13 minus A14)	\$				

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

C. SHARE OF COST (higher of A15 or B20)**

WORKER

DATE _____

IHSS INCOME ELIGIBILITY — CHILD

Name _____

Case No. _____ Month _____

PARENT

RECIPIENT

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 — 21 and in school.

☐ Income of parent and parent's spouse where neither is aged, blind or disabled.

	Unearned	Earned
1. Gross income	\$	\$
2. Allowance for children not blind or disabled		
a. Children's needs	\$ 211	\$ 211
b. Children's income	\$	\$
c. Net needs (a minus b)	\$	\$
d. Total allowance (add A2c's)	\$	
3. Remaining unearned income (A1 minus A2d)	\$	
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)		\$
5. Remaining earned income (A1 minus A4)		\$
6. If remaining income is EARNED only:		
a. \$85 exclusion		\$ 85
b. Allowance for parent and spouse		
(1) \$ 844 (2) \$ 1,266		\$
c. Total exclusions (A6a plus A6b)		\$
d. Income deemed to child (A5 minus A6c)		\$
7. If remaining income is UNEARNED only:		
a. Any income exclusion	\$ 20	
b. Allowance for parent and spouse		
(1) \$ 422 (2) \$ 633	\$	
c. Total exclusions (A7a plus A7b)	\$	
d. Income deemed to child (A3 minus A7c)	\$	
8. If income is UNEARNED and EARNED:		
a. Any income exclusion	\$ 20	
b. Net unearned income (A3 minus A8a)	\$	
c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)		\$
d. Earned income exclusion		\$ 65
e. Total exclusions (A8c plus A8d)		\$
f. Earned income (A5 minus A8e)		\$
g. Net earned income (A8f X ½)		\$
h. Total income (A8b plus A8g)	\$	
i. Allowance for parent and spouse		
(1) \$ 422 (2) \$ 633	\$	
j. Income deemed to child (A8h minus A8i)	\$	
<input type="checkbox"/> Income of parent(s) where one or both are aged, blind or disabled.		
9. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)	\$	

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

	Unearned	Earned
1. Income deemed to child (from A6d, A7d, A8j or A9)**	\$	
2. Unearned income (list) (Do not show exempt income)		
a.	\$	
b.	\$	
c.	\$	
3. Total unearned income (B1 plus B2)	\$	
4. Any income exclusion	\$ 20	
5. Net unearned income (B3 minus B4)	\$	
6. Earned income (Do not show exempt income)		\$
7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)		
8. Earned income exclusion		\$ 65
9. Total exclusions (B7 plus B8)		\$
10. Remaining earned income (B6 minus B9)		\$
11. Net earned income (B10 X ½)		\$
12. Other earned income deductions		\$
13. Total net earned income (B11 minus B12)		\$
14. Total countable income (B5 plus B13)	\$	
15. SSI/SSP payment level	\$	
16. IHSS share of cost (B14 minus B15)	\$	

** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

Worker _____

Date _____